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CONFIRMATION NO. 5390

<b>SERIAL NUMBER</b> 10/828,697	<b>FILING OR 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2167	<b>ATTORNEY DOCKET NO.</b> 920476-95929
<b>APPLICANTS</b> Tony McCormack, Galway, IRELAND; <i>g</i> Patrick Hession, Galway, IRELAND; Arik Elbarse, Galway, IRELAND; Neil O'Connor, Galway, IRELAND;				
<b>** CONTINUING DATA *****</b> <i>nme</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>nme</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/25/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Susan Rayner</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 15
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 23644				
<b>TITLE</b> Management of contacts in a network of contact centers				
<b>FILING FEE RECEIVED</b> 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	